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September 28, 2026

Federal Changes to Oregon Health Plan

Traditional Health Worker Commission

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Agenda

- 1 | Federal Changes to Oregon Health Plan Overview**
- 2 | Changes to Healthier Oregon**
- 3 | Communications Materials and Resources**
- 4 | Billing Information and Resources**



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Federal Changes to Oregon Health Plan

Oregon Health Authority's goals



Keep people covered



Reduce inequities and harm to the people we serve



Adhere to federal rules

New federal rules require major changes

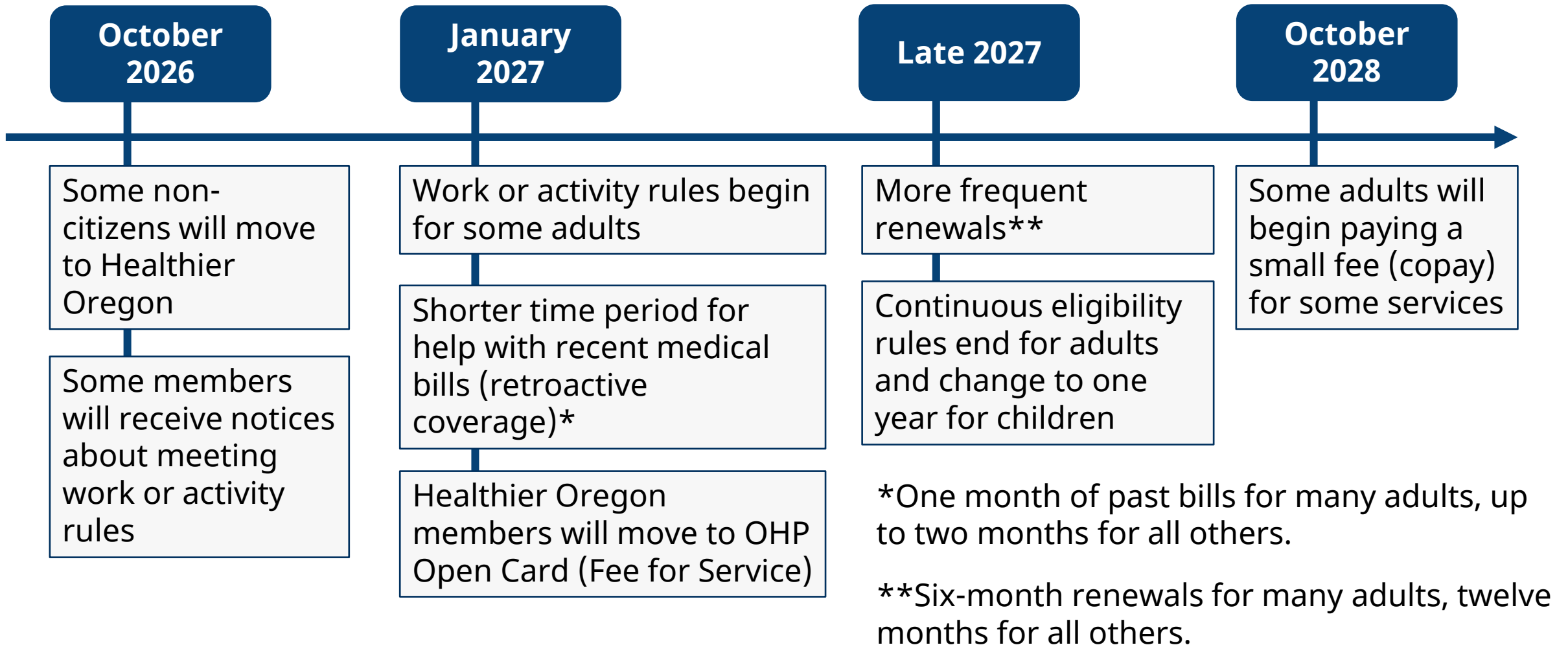
House Resolution 1 (HR1) and other federal guidance introduced new federal rules that require major changes to Oregon Health Plan.

Some of these changes include:

- Introduction of work or activity rules
- Changes to non-citizen eligibility
- Changes to retroactive coverage
- Introduction of copayments
- More frequent renewals
- Changes to provider taxes and state directed payments

HR1 also requires changes to the Oregon Health Insurance Marketplace and Supplemental Nutrition Assistance Program (SNAP).

Timeline of Changes to Oregon Health Plan (OHP)





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Oregon Health Plan

Work or Activity Rules

OHP work or activity rules



Starts in January 2027



Applies to some adults
ages 19 through 64

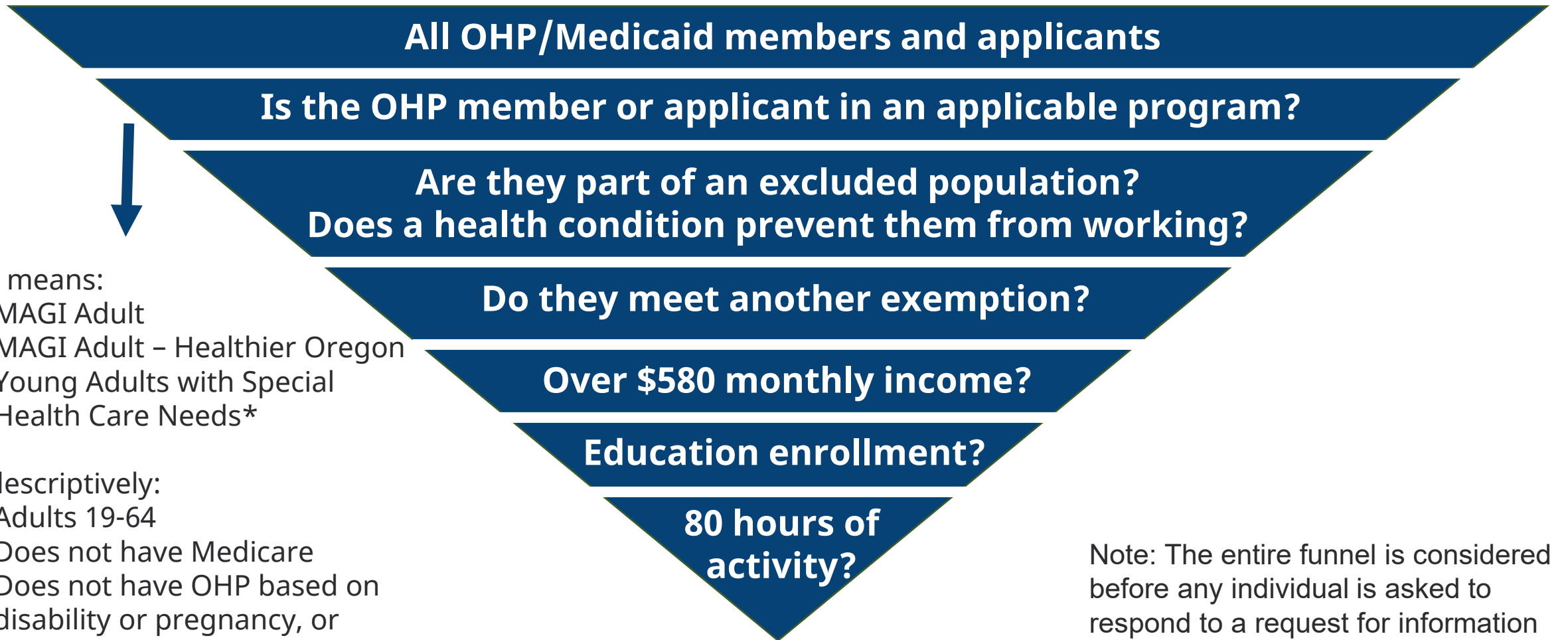


Does not apply to OHP
programs based on
disability, pregnancy, or
Medicare

**When some adults apply or
renew, they will be reviewed for:**

- One of many exemptions, or
- Qualifying activity (one or in combination)
 - Work
 - Volunteering
 - Education or training

Work or activity rule screening steps



This means:

- MAGI Adult
- MAGI Adult – Healthier Oregon
- Young Adults with Special Health Care Needs*

Or descriptively:

- Adults 19-64
- Does not have Medicare
- Does not have OHP based on disability or pregnancy, or certain other circumstances
- Does not include OHP Bridge

Note: The entire funnel is considered before any individual is asked to respond to a request for information about meeting those rules

*People with supplemental YSHCN benefits who also qualify for OHP programs based on disability or pregnancy would not be affected



Federal changes affecting Healthier Oregon

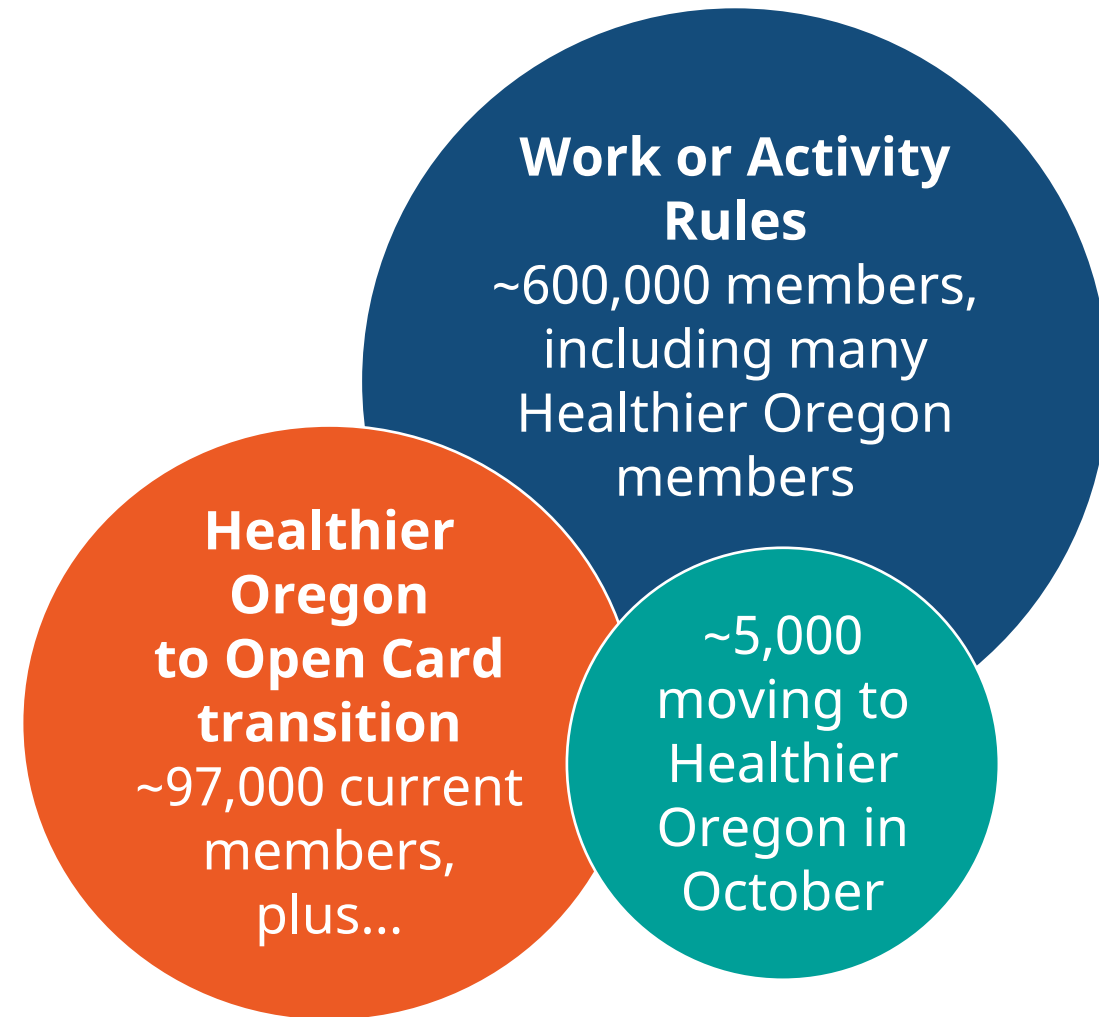
What is Healthier Oregon?

- Healthier Oregon is a mostly state-funded program that allows Oregon to offer full Oregon Health Plan (OHP) coverage, regardless of immigration status.
- The program was created through a bill in the Oregon legislature and launched in 2022.
Healthier Oregon is primarily state-funded but uses some federal Medicaid funds, including for emergency health care services.
- Through Healthier Oregon, children and adults get the same full OHP Benefits, including physical, behavioral, and dental health care, primary care, hospital care, and prescription medications.



Three federal changes affecting Healthier Oregon

- Due to updated federal rules, Oregon is required to make changes to OHP and Healthier Oregon program.
- There are **three key changes** that will affect some non-citizens.
 1. **October 2026:** Some non-citizens will move to Healthier Oregon
 2. **January 2027:** Healthier Oregon members will transition from CCOs to Open Card
 3. **January 2027:** New work or activity rules will apply to some Healthier Oregon members
- Learn more at OHP.Oregon.gov/HR1



Federal change affecting Healthier Oregon

Healthier Oregon members will transition from CCOs to OHP Open Card

The Centers for Medicare & Medicaid Services (CMS) released a new guidance that state programs like Healthier Oregon cannot be administered through coordinated care organizations (CCOs).

Starting in January 2027, Healthier Oregon will use the OHP Open Card provider network instead of coordinated care organizations.

Healthier Oregon members covered through Open Card will **continue to have the same covered benefits, but the network** of health care providers that members can seek health care from **may be different**.

General differences between CCO and Open Card

	Coordinated Care Organization (CCO)	Open Card
Management & Payment	Local network of providers manages care, paid per person	State pays providers directly, paid per service
Provider Network	Restricted to providers within specific CCO network	Any provider who accepts Open Card patients
Care Coordination	Includes dedicated local coordinators	Managed by Acentra Health and CareOregon
Member Enrollment	Per federal changes, Healthier Oregon members will be transitioning from CCOs into Open Card.	

Does Open Card have the same benefits?

- Open Card has the same OHP covered benefits as CCO membership.
- There are a few services available through CCOs which OHP Open Card does not offer, such as flexible services.
 - Flexible services (also known as “flex funds”) are items or services that help members stay healthy that a CCO can offer, even though they are not a part of regular OHP benefits.
- Members who have questions can contact OHP client services at (800) 273-0557 or Ask.OHP@odhsoha.Oregon.gov

Will members be able to see the same doctors?

- The network of health care providers members can see may be different from their CCO.
- Many health care providers work with CCOs and Open Card, but some do not.
- Members should contact their current health care providers and ask if they accept OHP Open Card.
 - They can keep seeing any providers that accept Open Card after the transition.
 - Members can also ask for help planning care for the rest of 2026 and around the transition.

If Healthier Oregon members need to pick new providers:

- If members' current health care providers do not accept OHP Open Card, they will need to find a new provider going forward.
- **Before Jan. 1, 2027**, members can find providers who take OHP Open Card by using the online Open Card provider search tool at OHPOpenCard.org.
 - Please keep checking back as the search tool is improved and new providers are added into the network.
- **After Jan. 1, 2027**, members can call OHP Open Card at (800) 562-4620 for help finding providers or coordinating care.

Who can bill Open Card?

- *Most* OHP providers can already be reimbursed for services provided to Open Card members.
- Some OHP providers are currently only contracted with a CCO (or more than one) and cannot be reimbursed for Open Card members.
- OHP providers can check their enrollment status and access informational resources on the [OHA Enrollment website](#).

Culturally and Linguistically Specific (CLS) Services

- Culturally and Linguistically Specific (CLS) services are health care and health care-related services designed specifically to support the cultural and linguistic needs of a distinct minoritized cultural community.
- OHA pays approved OHP providers an enhanced fee-for-service rate, 22% for urban and 27% for rural areas, for providing CLS services to OHP members. The current enhanced payment program is available to eligible behavioral health providers and traditional health workers (THWs) who bill Medicaid.
- This enhanced rate is still available through Open Card and instructions can be found in the [CLS Services Billing Guide](#)
- More information on how to become a CLS provider, how to find one, and where to access instructional webinars can be found on [OHA's CLS Website](#)



Care Coordination

What is Care Coordination?

All OHP members, whether they have CCO or Open Card can get care coordination.

Open Card Care Coordinators can help Members:

- Explain OHP benefits
- Find care that respects and supports their cultural needs and get care in their preferred language.
- Pick a primary care provider (PCP) and specialists.
- Schedule appointments and tests.
- Set up transportation to doctor appointments.
- Connect with behavioral health services at home, community or in a 24-hour care setting.
- Find behavioral health care, drug and alcohol treatment.
- Create a care plan
- Connect with their CCO if they are not an Open Card Member.
- Move their care when they change settings or locations.
- Get the resources they need to feel safe, supported and cared for.

Open Card Care Coordination & Acentra Health

- Acentra Health provides care coordination for Open Card Members who are not American Indian/Alaska Native. Includes:
 - OHP Members who have Open Card for their physical health (CCO plan type E/F/G, or no CCO enrollment)
 - Health Related Social Needs (HRSN) services for Open Card members
 - Members who have been granted an exemption from a CCO for serious health reasons
 - Members with private health insurance and some Medicare members
 - Healthier Oregon members after 1/1/2027
- CareOregon provides care coordination for Open Card members who are American Indian/Alaska Native

How to receive care coordination in Open Card

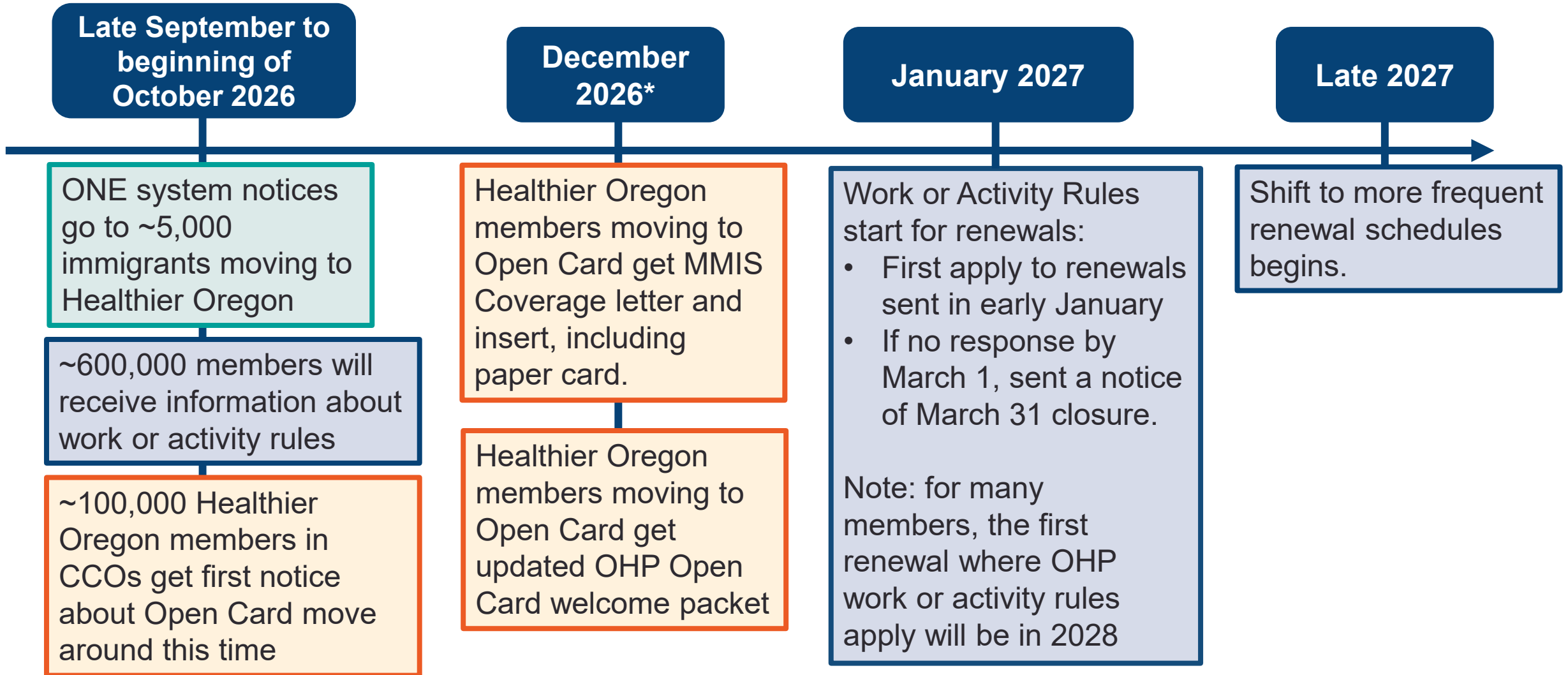
- OHP Open Card Care Coordination
 - Contact Acentra: ORCM@acentra.com
 - Phone: 1-800-562-4620
 - Webpage: <https://ohpopencard.org/>
- Tribal Care Coordination
 - Contact CareOregon: TCCReferrals@careoregon.org
 - Phone: [503-488-2815](tel:503-488-2815)
 - Nurse Advise Line: [866-209-1192](tel:866-209-1192)
- Members who have questions can contact OHP client services at (800) 273-0557 or Ask.OHP@odhsoha.Oregon.gov



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Communication Materials and Resources

Rough notice timelines for OHP members



Key materials available now

- Member websites:
 - Healthier Oregon page: Oregon.gov/HealthierOregon or Oregon.gov/MasSaludable
 - Open Card page: OHPOpenCard.org or OHPTarjetaAbierta.org
 - OHP Changes page: OHP.Oregon.gov/HR1
- OHP toolkit partner page: OHP.Oregon.gov/Toolkit
 - Healthier Oregon fact sheet ([English](#) & [Spanish](#))
 - [Member notice examples](#) and [fall 2026 notice guide](#)
 - External talking points for partners ([English](#) & [Spanish](#))

How to stay informed

Newsletter: Oregon Health News

www.oregon.gov/oha/erd/pages/oregon-health-news.aspx

Social Media

- Instagram: [@oregonhealthauthority](https://www.instagram.com/oregonhealthauthority)
- Facebook (English): [facebook.com/OregonHealthAuthority](https://www.facebook.com/OregonHealthAuthority)
- Facebook (Spanish): <https://www.facebook.com/OHAespanol/>
- LinkedIn: [linkedin.com/company/oregon-health-authority](https://www.linkedin.com/company/oregon-health-authority)



Billing information and resources

Prior Authorization (PA)

- A Prior Authorization (PA) is a formal process that providers must follow before delivering certain health services or medications to Oregon Health Plan (OHP) clients.
- Some services or items covered by the Division require authorization before the service may be provided. Services requiring prior authorization are published on the Medicaid Behavioral Health Services Fee Schedule.
- Prior Authorization OAR [here](#).

Who can submit a Prior Authorization (PA) through MMIS

The Provider Portal is only available to enrolled **Fee For Service OHP providers** who have set up their information with OHA.

- If you are authorized to **submit PA requests** on the web, you will have **Prior Authorization Submit and Prior Authorization Inquiry** roles listed in the “Available Roles” section of the Clerk Maintenance screen.
- If you want staff to perform Web PA functions for your office, review their clerk roles and add the PA roles to their list of Assigned Roles.

Microsoft Edge and Mozilla Firefox are the **only** web browsers compatible with the MMIS Provider Portal.

Billing Information and Resources

Payment Models

[Final Payment Model Grid by Worker Type with Disclaimer](#)

[Recommendations for Birth Doula Payment Models](#)

[Recommendations for CHW Payment Models](#)

[Recommendations for PHN Payment Models](#)

[Recommendations for PSS Payment Models](#)

[Recommendations for PWS Payment Models](#)

In Lieu of Services (ILOS) Guidance

ILOS guidance documents now available on the OHA [ILOS website](#). The guidance documents include benefits and criteria of ILOS, coding guidance, answers to CCO questions and a comparison between OHA spending initiatives.

Billing Resources for CHWs

[CHW Billing Guide](#)

Billing Resources for Peers

[PSS & PWS Billing Guide](#)

Billing Resources for Doulas

[Doula Billing Code Changes Presentation](#)

[Doula Billing Guide](#)

Other Billing Resources

[Social-Emotional Interventions Coding and Billing Webinar Slides](#)

[Social-Emotional Interventions for 1-5 Metric Coding and Billing Guidance](#)

For more information visit:

[Billing Information and Resources for THW's](#)



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Discussion